

STATEMENT OF ECONOMIC INTERESTS

Milwaukee County Ethics Board
Courthouse, Room 212
901 North 9th Street
Milwaukee, Wisconsin 53233
Telephone — 278-5332

THIS SPACE FOR OFFICE USE ONLY —
DATE RECEIVED

DATE THIS STATEMENT WAS PREPARED

(Month) (Day) (Year)

Please fill in above date.

CURRENT INFORMATION. All information given below must be current; that is, not prior to the 15th of the month preceding the month this statement is prepared.

TYPE OR PRINT. Additional directions, definitions, and other pertinent information are contained in the Instruction Sheet. Please read it carefully before completing the Statement. If more space is needed, use additional sheets.

NAME: _____
(Last Name) (First Name & Initial)

POSITION HELD OR SOUGHT (Include Department or Institution if applicable): _____

1. OFFICES, DIRECTORSHIPS, AND POSITIONS.

1A. As of the date cited above, were you an officer, partner, sole proprietor, director or trustee of any business or other organization?

1B. As of this date, were you an officer of or did you hold a position with any organization **doing business with Milwaukee County or receiving funds from Milwaukee County?** (9.04(a) and (f))

In this section **organization** means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, trust, Board, Commission or other legal entity other than an individual or body politic.

If no to above 1A and 1B, check here ☐ and go on to item #2 next page.

If yes to either 1A or 1B above, identify each business or organization and the position held:

Name of Business or Corporation	City and State	Position Held

2.* As of the date cited on the previous page, did you own or control any of the following directly or indirectly:

- If no, check here ☐

If yes, identify the business and the type of ownership. (You need not report dollar values or number of shares, etc.)

3.* BOND, DEBENTURES & DEBT OBLIGATIONS. As of the date cited above, did you hold any bonds, debentures, or debt obligations of a municipal corporation or other corporation in excess of \$5,000? (9.04(b))

If no, check here ☐

If yes, identify each by placing a checkmark in the proper column below.

[illegible]

4.* **CREDITORS.** As of the date cited above, did you owe, separately or together with another person, to any creditor \$5,000 or more? (9.04(c))

If no, check here ☐

If yes, identify each creditor to whom you owe \$5,000 or more by placing a checkmark in the proper column below.

Creditor	Address	Under \$50,000	Over \$50,000

5.* **REAL PROPERTY.** As of the date cited above, did you hold an interest valued at \$5,000 or more in real property **other than** your principal residence, or **other than** property in which the pro rata share held is *less than* 10% of the outstanding shares? Report only on properties located in the counties of Milwaukee, Ozaukee, Washington, Waukesha and Racine. (9.04(e))

If no, check here ☐

If yes, identify the property and nature of interest held:

Location of Real Property (Street or rural route address, fire number, and municipality)	Type of Property (Farm, apartment, commercial property, or recreational home)	Nature of Interest (Own, lease, option, land contract, partnership)

6.* **TRANSFERS.** As of two calendar years preceding the filing of this statement, have you transferred to any member of your immediate family any significant fiduciary relationship (as defined in the instruction sheet) or any real property or any bonds, debentures, or debt obligations of a municipal corporation or other corporation which is in excess of \$5,000? (9.04(d))

If no, check here ☐

If yes, identify each significant fiduciary relationship bond, debenture, or debt obligation of a municipal corporation or other corporation which is in excess of \$5,000:

Business, Issuer, Real Property, Creditor	Address	Description of Interest

***MARITAL PROPERTY.** In your response to above questions Numbers 2, 3, 4, 5 and 6 include those assets and liabilities of your spouse that are classified as marital property by the State of Wisconsin, if the stated threshold amounts are met. (9.03(4)) There is a presumption that all property of a spouse is marital property unless it is classified differently pursuant to Chapter 766 of the Wisconsin Statutes.

OVER

7. GIFTS, HONORARIA, FEES & EXPENSES

List each individual and organization from which you received a **GIFT, HONORARIUM, FEE** and **EXPENSES** during the preceding taxable year. (9.15) For a full understanding of this reporting requirement, it is important that you read Section 9.15, Code of Ethics, in its entirety.

7A. GIFTS including ENTERTAINMENT. A "gift" is the receipt of anything of value (9.02(1)) which is furnished without valuable consideration. Do not include anything received which was made for a purpose unrelated to duties or responsibilities of the position of the official or employee. List all individuals and organizations from which you received in the past year entertainment or gifts having a total value of \$50 or more, not including the value of food or beverage offered coincidentally with a talk or meeting. Include tickets to sporting or theatrical events, golfing fees, prizes, samples of promotional items from sales representatives or as part of business promotions, and similar items.

7B. HONORARIA, FEES AND EXPENSES FOR TALKS AND PUBLICATIONS RELATED TO PUBLIC OFFICE. List each individual or organization from which you received, in the past year, lodging, transportation, money or other thing having a total value of \$50 or more, not including the value of food or beverage offered coincidentally with a talk or a meeting the subject matter of which was related to your duties or responsibilities of your position with the County. You do not have to list information about a payment: (1) If you returned it within 30 days; (2) If you received it from the County, or (3) If you have previously reported the payment to the Ethics Board as a matter of public record. (9.15(2)(b))

If you have no reportings in Item #7 check here. ☐

If you have reportings to make in Item #7, use the enclosed form titled for this purpose and submit with your **Statement**.

8. CANDIDATES ONLY for elective public office are to furnish the following information:

Name of present employer and position you hold:

(Employer)

(Position)

INCUMBENTS now in elective public office are to skip above Item #8. **CANDIDATES** for elective public office are to skip above Item #7 but complete Item #8.

NOTES:

— Chapter 9, County General Ordinances, authorizes this form and prescribes penalties for the failure of a County officer or employee and candidate for County public office to file this form in a timely manner. Penalties may include withholding County salaries or, in the case of candidates, exclusion from ballot. (S. 9.03 & 9.04, Code of Ethics, C.G.O.)

— In all cases when the annual updated **Statement** is submitted by a County elected officer or a County employee, it is to be accompanied by the completed form titled "Appendix A Affidavit," (form enclosed) pursuant to S. 9.03(5) and Appendix A of Chapter 9, Code of Ethics, C.G.O.

By signing this form, I certify that the information contained in this Statement of Economic Interests is true, correct, and complete to the best of my knowledge, information, and belief.

X

Signature of person filing

Date

Optional:

Telephone number at which you can be reached during normal business hours.

FOR ETHICS BOARD USE

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